

921890

**Statement of Organization  
Recipient Committee**  
(Government Code Sections 84101-84103)

Type or Print in Ink.

RECEIVED

R-39

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with: **And, if applicable, file one copy of this form with:**  
 Secretary of State  
 Political Reform Division  
 P.O. Box 1467  
 Sacramento, CA 95812-1467  
 City or county officer, if any, who receives the committee's original campaign disclosure statements.

**Amendment**
☐ Check box if an Amendment and enter I.D. number:

Date Stamp

RECEIVED  
AND FILEDIn the Office of the Secretary of State  
of the State of California

JUL 23 1992

**Date qualified as  
Committee:** (Month, Day, Year)

July 21, 1992

☐ Check box if not yet qualified

MARCH FONG EU, Secretary of State

PM 7-21-92

STATEMENT OF ORGANIZATION

CALIFORNIA  
1991 FORM

410

For Official Use Only

RECEIVED

AUG 10 1992

REGISTRAR OF VOTERS  
SAN JOAQUIN COUNTY**I Committee Information**

NAME OF COMMITTEE:

CITIZENS TO ELECT JIM GRIFFITH

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

1020 Bradford Circle

CITY

Lodi, CA 95240

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

COUNTY:

San Joaquin

STATE ZIP CODE

**II Treasurer and Other Principal Officers** R/SC

NAME OF TREASURER:

Harry L. Marzolf

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

445 Madrone Ct., Lodi, CA 95242 209/369-8274

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

**III Controlled Committee**

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

James E. Griffith, Member of the City Council, City of Lodi

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION

CALIFORNIA  
1991 FORM **410**

Page 2

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE:

CITIZENS TO ELECT JIM GRIFFITH

## IV Broad Based Committee (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) \_\_\_\_\_

## V Sponsored Committee Is this a sponsored committee? ☐ Yes ☐ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR

NO. AND STREET

CITY

STATE

ZIP CODE

## VI Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

JAMES E. GRIFFITH

Member of the City Council, City of Lodi

SUPPORT ☒ OPPOSE

SUPPORT ☐ OPPOSE

## VII Committee's Primary Activity If Not Primarily Formed If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

## VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

St. Vincent De Paul Society, St. Annes Church, Lodi, CA.

## IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/21/92 At Lodi, CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF TREASURER

Executed on 7/21/92 At Lodi, CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT